No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31347

FILED OCT 4 1947

Registration District No. 1449 — Primary Registration District No. 1002 — Registrar's No. 4019

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(d) State: Mo. (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 501 Olive (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Marion Guido Mitchell MITCHELL
3. (b) If veteran, name war: None
3. (c) Social Security No.: Do not know

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April 24 1902 (Month) (Day) (Year)

8. AGE: Years 45 | Months 4 | Days 26 | If less than one day: hr. min.

9. Birthplace: Kansas City Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Labor
11. Industry or business:
MOTHER FATHER
12. Name: Wm R. Mitchell
13. Birthplace: Sweetspring Mo (City, town, or county) (State or foreign country)
14. Maiden name: Bessie Teetzel
15. Birthplace: Kansas City Kansas (City, town, or county) (State or foreign country)
16. (a) Informant: Bessie Mitchell MITCHELL
(b) Address: Kansas City Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Sept 23-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery Mo
18. (a) Signature of funeral director: Passantino Bros
(b) Address: Kansas City Mo
19. (a) 9-22-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1947 hour minute M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sub dural hematoma, ~~sub~~ massive right, with	
Due to: contusion & laceration of the brain due to	
Due to: traumatic injury [blunt force]	
Other conditions (Include pregnancy within 3 months of death): 168	

Major findings: Of operations: Deputy Coroner
Of autopsy: See Above

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Homicide
(b) Date of occurrence: 9-18-47
(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (e) Means of injury: Trauma
23. Signature: A. E. Usher (M. D. or other) M D
Address: 2800 Main St Date signed: 9-20-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed F. S. Walton

Licensed Embalmer No. 2744

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.